

TELEFAX COVER SHEET

Official**MOSER, PATTERSON & SHERIDAN, LLP**

ATTORNEYS AT LAW
595 SHREWSBURY AVENUE
FIRST FLOOR
SHREWSBURY, NJ 07702
TELEPHONE (732) 530-9404
TELEFAX (732) 530-9808

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TO: Assistant Commissioner of Patents
FAX NO.: 703-872-9315
FROM: EAMON J. WALL
DATE: 5/9/02
MATTER: Serial No. 09/458,321 Filed: 12/10/99
DOCKET NO.: DIVA/040
APPLICANT: Yong Ho Son et al.

The following has been received in the U.S. Patent and Trademark Office on the date of this facsimile:

☐ Petition
☐ Disclosure Statement & PTO-1449
☐ Priority Document
☐ Drawings (____ sheets) informal
☒ Supplemental Amendment (After Final)

☒ Transmittal Letter (2 copies)
☐ Fee Transmittal (2 copies)
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|---|----------------------|------------------------|----------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/458,321 | |
| | Filing Date | 12/10/99 | |
| | First Named Inventor | SON | |
| | Group Art Unit | 2811 | |
| | Examiner Name | Srivastava, V. | |
| Total Number of Pages in This Submission | 8 | Attorney Docket Number | DIVA/040 |

| REQUESTS/ENCLOSURES (check all that apply) | | |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final - Supplemental - Response to Advisory Action mailed 4/25/02 <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request - A one month extension of time is requested. <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks: Please charge the one month extension fee (\$55) to Applicants' Attorneys' Deposit Account No. 20-0782. The Commissioner is authorized to charge any underpayment or credit any overpayment of fee (including but not limited to any extension fees pursuant to 1.135(a)), to Deposit Account No. 20-0782. A duplicate copy of this Transmittal is enclosed. | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm or Individual name | Eamon J. Wall, Reg. No. 39,414 | |
| Signature | <i>EJ Wall</i> | |
| Date | 5/9/02 | |

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